

PRINTER RUSH

(PTO ASSISTANCE)

Week Date: 12/20/04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input checked="" type="checkbox"/> 312	<u>1-28-02 (N/A)</u>	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Examiner's Audit to the Claims Cases
Claim 45 to be dependent upon cancelled Claim 39.
Please Review
Thank You
ED

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04